

Sexual Assault on Women and Children in the District of Columbia

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FROM September 15, 1965, through September 14, 1966, the sex squad of the Metropolitan Police Department of the District of Columbia received 944 complaints of alleged sexual assault on women and girls. Initial questioning disclosed that 493 complaints were unfounded or of a minor nature.

The police escorted the remaining patients to medical examination or emergency treatment or both. Practically all of this care was given at District of Columbia General Hospital, operated by the Department of Public Health. The primary objective of the medicolegal examination was to establish proof of assault. Fourteen patients who suffered severe trauma required emergency surgery, and four of these were hospitalized.

In the full year covered by this report, 451 cases were followed up. One 15-year-old girl became pregnant, a 4-year-old developed syphilis, and 13 developed emotional disturbances,

of whom nine were still under treatment in June 1967. All patients, except for 22 lost to followup and nine who declined assistance, were referred to public facilities or private physicians for medical evaluation or treatment. Seventy-three percent of the referrals were completed.

Methods

In an earlier paper we described the unique nursing followup to insure that all patients received needed medical and psychiatric assistance (1). After initial medical examination all patients were referred to the liaison public health nurse who works with the sex squad. This nurse contacted each patient in person or by phone. Subsequent calls and visits were made by a senior public health nurse from the nursing district in which the patient lived. One nurse in each district was selected to handle these cases.

Observations made by the police were entered in the sex squad records. Interns and residents at the hospital used a standard medicolegal form and public health nurses used separate records. The nurses also entered reports received from private physicians, clinics, and hospitals. The liaison nurse reviewed the records and made judgments on the basis of all the data. This information was then coded, punched, and tabulated.

For each incident reported, the liaison nurse tried to determine the probability that the inci-

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dent occurred as described, both as to force and intimacy. In addition, the victim's age, race, previous knowledge of the aggressor or aggressors, and the place of occurrence were recorded.

Findings

Four hundred and fifty-one cases, including those of three women victimized twice, were referred. The ages of the 448 victims ranged from 1 to 88 years, with the peak at age 14 (see chart). Table 1 shows that 106 cases (23.5 percent) were of children under 13 years, 137 (30.4 percent) were of adolescents 13 through 17 years, 92 (20.4 percent) were of young adults 18 through 24 years, and 116 (25.6 percent) were of mature adults 25 years and over. The victims in 391 cases (86.7 percent) were nonwhite and 60 were white.

The assault rate was calculated from the number of cases reported per 100,000 females in each age group, as estimated from the popu-

lation for July 1, 1965. The rate was highest for the adolescents, being 487 per 100,000, due to an extremely high rate of 625 for nonwhite girls. Considering the white victims, the highest rate, 131 per 100,000, was in young adults. Among adolescents, 20 times as many assaults were reported of nonwhite as of white girls, but of young adults only 1.8 times as many.

Table 2 shows that according to the victim, vaginal penetration occurred in 403, or 89 percent, of the cases. This allegation was made in 70 percent of the cases involving children and more than 93 percent of those in the other three age groups. There were 125 cases of alleged rape with bodily harm, about a fourth of the total cases, affecting 9 percent of the children, and increasing in each age group to 43 percent of the cases of mature adults. Rape with threats of bodily harm was alleged in 203 cases, 45 percent of the total, rising from about a fourth of the children to half the victims 13 years and older.

Table 1. Rate of assaults per 100,000 female population,¹ District of Columbia, September 1965-September 1966, by age and race

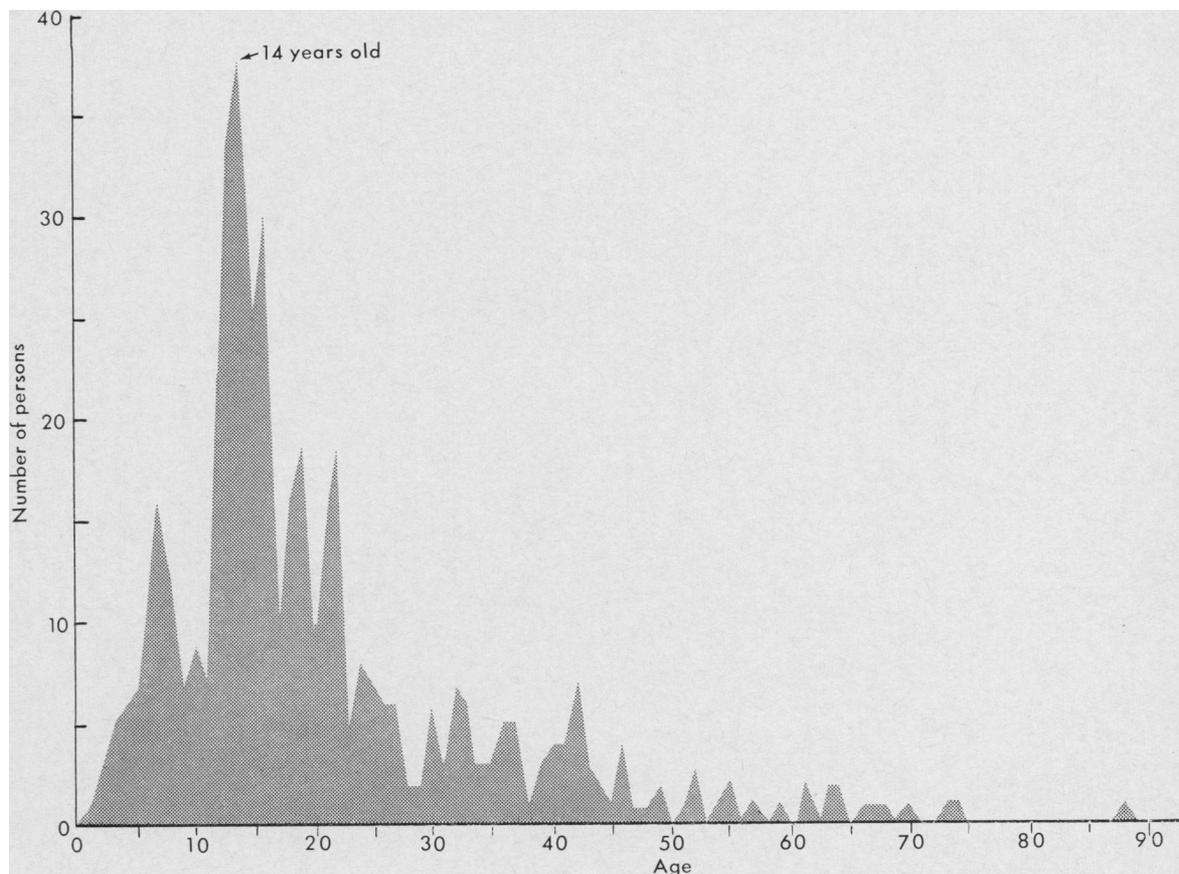
Age group (years)	Number of assaults			Rate			Ratio of nonwhite to white victims
	Total	Nonwhite	White	Total	Nonwhite	White	
All ages.....	451	391	60	106.2	111.0	36.9	3.0
1-12.....	106	99	7	141.3	173.1	36.9	4.7
13-17.....	137	135	2	487.0	625.0	30.6	20.4
18-24.....	92	65	27	192.2	238.8	130.8	1.8
25 and over.....	116	92	24	46.1	68.0	20.6	3.3

¹ Estimated July 1, 1965.

Table 2. Alleged sexual assaults, District of Columbia, September 1965-September 1966, by type of contact, percent of cases definite or probable, and age group of victims

Type of assault alleged	Number of cases	Percent of cases definite or probable	Percent distribution within age groups				
			All ages	1-12	13-17	18-24	25 and over
All cases.....	451	67	100.0	100.0	100.0	100.0	100.0
Vaginal penetration.....	403	74	89.4	69.8	95.6	93.5	96.6
Bodily harm.....	125	78	27.7	9.4	21.2	39.1	43.1
Threat of harm.....	203	59	45.0	27.4	49.6	48.9	52.6
Enticement.....	38	63	8.4	21.7	8.0	3.3	.9
Voluntary.....	31	97	6.9	5.7	16.8	2.2	0
Provoked.....	6	100	1.4	5.7	0	0	0
Other genital contact.....	34	56	7.5	24.5	1.5	3.3	2.6
Other bodily contact.....	13	23	2.9	4.7	2.9	3.3	.8
No bodily contact.....	1	100	.2	1.0	0	0	0

Age distribution of 448 assaulted females referred to the District of Columbia Department of Public Health, September 1965–September 1966



Thirty-eight penetrations were achieved through enticement, principally in one-fifth of the children. The 31 cases of voluntary intercourse mostly involved adolescents. In some of these, the man was charged with statutory rape. In most, the complainant was the mother rather than the girl. All six cases in which the victim provoked the attack were those of children, and the 34 victims of contact with the male genitals other than vaginal intercourse were mostly children.

There were 13 cases with other bodily contact; these were more frequent in children and adolescents. The one case with no bodily contact was that of a girl who woke in the middle of the night and saw a partially unclothed stranger in her bedroom. She screamed and he fled.

In our opinion 130 of the 451 cases definitely occurred, 170 probably did, evidence was in-

conclusive about 145, and six did not occur as described by the victim. Table 2 also shows our judgment that the event definitely or probably occurred in 74 percent of alleged penetration cases, with credibility decreasing from 100 percent of those provoked by the child victim, through 97 percent with voluntary participation, 78 percent with bodily harm, 63 percent in which the victim was enticed, to 59 percent forced by threats. We felt that only 56 percent of cases with other genital contact definitely or probably occurred and 23 percent with other bodily contact probably occurred as described.

When considering only those victims allegedly raped (table 3), we judged about three-fourths of the incidents with bodily harm to have occurred as alleged. In cases with threats of bodily harm, evidence of occurrence decreased gradually from 76 percent of those involving children to 46 percent of those of mature adults.

Greater credibility of the child complainants was unexpected.

In the cases of alleged rape with bodily harm (table 4), there were no white children or adolescents. However, 42 percent of young adults and 24 percent of the mature adults were white. Of those in which threat of bodily harm was claimed, there were only two white children and no adolescents, but white women comprised about a fifth of adult victims.

Analyses of only the cases involving adults shows rape with bodily harm was allegedly inflicted on 53 percent of the white and 38 percent of the nonwhite victims (table 5). In our opinion these assaults definitely or probably occurred against 47 percent of the white and only 26 percent of the nonwhite women. Rape with threatened harm was claimed in 39 percent of the white and 55 percent of the nonwhite victims, but in our opinion the incident definitely or probably occurred as described by about a fourth of both white and nonwhite victims.

Table 6 shows the relationship of victim to aggressor and the place where the event oc-

curred. Assaults by strangers were alleged by 22 percent of the children, and almost half occurred in parks or playgrounds. In the adolescents, only 18 percent implicated strangers, with these assaults occurring most frequently in streets and alleys. Attacks by strangers rose to 63 percent of those of young adults, with two-thirds in streets and alleys, automobiles, and buildings other than the victim's or aggressor's home. Seventy-two percent of the mature adults alleged assault by strangers; half of these attacks occurred in the victim's home.

Acquaintances, friends, or relatives accounted for 78 percent of the alleged assaults on children, most frequently in the victim's home and many in the aggressor's. Four children were assaulted by the father, nine by the stepfather, and one by the mother's common law husband. In adolescents, assaults by persons previously known accounted for 82 percent of the incidents. These took place often in the aggressor's home and more often in homes of mutual friends or in other places where the participants met socially. Three adolescents were assaulted by the

Table 3. Distribution of cases of alleged rape, District of Columbia, September 1965-September 1966, by force used, probability of occurrence as described by the victim, and her age

Age group (years)	With bodily harm			With threats of bodily harm		
	Total	Definite or probable		Total	Definite or probable	
		Number	Percent		Number	Percent
All ages.....	125	98	78	203	119	59
1-12.....	10	7	70	29	22	76
13-17.....	29	24	83	68	47	70
18-24.....	36	27	75	45	22	49
25 and over.....	50	40	80	61	28	46

Table 4. Distribution of cases of alleged rape, District of Columbia, September 1965-September 1966, by age and race of victims

Age group (years)	With bodily harm			With threats of bodily harm		
	Total	White (percent)	Nonwhite (percent)	Total	White (percent)	Nonwhite (percent)
All ages.....	125	22	78	203	11	89
1-12.....	10	0	100	29	7	93
13-17.....	29	0	100	68	0	100
18-24.....	36	42	58	45	18	82
25 and over.....	50	24	76	61	20	80

Table 5. Cases of alleged rape of women 18 years old and over, District of Columbia, September 1965–September 1966, by race and probability of occurrence

Race and probability	With bodily harm		With threats of bodily harm	
	Number	Percent	Number	Percent
White:				
Assaults reported.....	27	52.9	20	39.2
Assaults definite or probable.....	24	47.1	13	27.3
Nonwhite:				
Assaults reported.....	59	37.6	86	54.8
Assaults definite or probable.....	43	25.5	37	23.5

father, three by the stepfather, and one by the mother's common law husband.

Assaults by persons previously known were alleged by 37 percent of the young adults, with acquaintances and friends as the aggressors, except for two by relatives. For the mature adults, acquaintances or friends accounted for 28 percent of the alleged assaults, except three by relatives.

Comparison by Age Groups

Children. These comparisons, shown in table 7, show that the 106 reports of assaults of girls under 13 years constituted about a fourth of

the total. Ninety-nine of these children were nonwhite. On a population basis, the ratio of reported assaults against nonwhite was five times that against white children.

Seventy percent of these children alleged penetration, most frequently with threats of bodily harm, next by enticement. The assaults provoked by the victim were all in this age group, as were most of those with other genital contact and with other bodily contact.

COMMENTS—From the epidemiologic and preventive viewpoints, we wish to emphasize the following points about the children. Reported cases are numerous and severe enough to warrant attention. Whether similar unreported cases occur among white children and in white and nonwhite middle and upper socioeconomic groups not represented in this series of cases remains to be determined. Warnings about strangers will not be effective in preventing assaults by persons previously known, or by members of the familial aggregation. These are the most damaging assaults, especially when repeated, and social scientists must approach them in the context of total family life and structure.

Adolescents. The 137 adolescents constituted 30 percent of the total victims, and all but two were nonwhite. In proportion to the female population of the District of Columbia, there was a very high rate of reported assaults of 5 per 1,000, with the rate for nonwhite females 20 times that for the white.

Table 6. Cases of alleged sexual assault, District of Columbia, September 1965–September 1966, by age of victim, relationship to aggressor, and place where event occurred

Age group (years) and relationship to aggressor	Assaults		Place where event occurred (percent)		
	Number	Percent	Victim's home	Aggressor's home	Other places
1–12.....	106	100	42	25	33
Stranger.....	23	22	6	1	15
Previously known.....	83	78	36	24	18
13–17.....	137	100	19	26	55
Stranger.....	25	18	3	0	15
Previously known.....	112	82	16	26	40
18–24.....	92	100	30	10	60
Stranger.....	58	63	21	3	39
Previously known.....	34	37	9	7	21
25 years and over.....	116	100	43	5	52
Stranger.....	84	72	35	1	36
Previously known.....	32	28	8	4	16

Ninety-six percent of adolescent victims alleged vaginal penetration, with bodily harm in a fifth of the cases and threatened harm in half. Nearly a fifth of these adolescents participated voluntarily. For the alleged rapes, there was evidence corroborating the victim's description of the event in three-fourths of the cases.

COMMENTS—Again the emphasis must be on prevention of assaults by persons previously known. Voluntary participation may occur more often than reported or claimed, especially since assaults on adolescents occurred frequently in aggressor's home.

In some cases statutory rape was charged because the victim was under 16 years, which age level may be too high for sexually mature females. Often the mother complained to the police in a desperate attempt to control a wayward daughter. In middle and upper class families similar occurrences may be controlled by less drastic methods.

Young adults. A fifth of the victims were young adults. The highest number and proportion of white victims were in this age group. The highest rate of reported assaults against these white women was almost half that of their nonwhite counterparts. Nine of 10 allegations were of rape. Bodily harm was alleged in 39 percent, and three-fourths of the assaults probably occurred as described by the victim. Threats of harm were alleged in 49 percent of the cases, and of these only half of the offenses were considered to have occurred as alleged. Attacks by strangers jumped sharply to 63 percent of these cases, with assaults reported to have occurred in the victim's home, other buildings including place of employment, and the automobile.

Older adults. Another fourth of the victims were older adults. The assault rate of these women was the lowest for all age groups, with that for white women about one-third that of the nonwhite. These cases were practically all alleged rape, 43 percent with bodily harm and 53 percent with threats of harm.

For the patients with bodily harm, we believed that four of five attacks occurred as described by the victim, but for those with threats less than half seemed definite or probable incidents. The alleged rapists were strangers in 72 percent of the cases, and more assaults

occurred in the victims' homes than any other place.

COMMENTS—These are the cases of "classic" rape by strangers. The reported assault rate for white women is about one-third that for nonwhite. However, it is our opinion that other white women do not report assaults in which the use of force is questionable, and therefore there may be proportionately more rapes with bodily harm in the white population.

Discussion

Four major questions brought out by this study need to be answered.

1. Did the assault occur as alleged by the victim?
2. Which offenses are reported to physicians, police, and social agencies?
3. What is the total incidence of assault?
4. Is the incidence rising?

As we have said earlier, it is difficult to determine whether the incidents occurred as alleged. In gross cases there is little doubt when there are testifying witnesses to a forcible rape, when a number of victims or aggressors corroborate the testimony, or when the medical testimony shows genital and general trauma. Otherwise, the question evolves around the credibility of child and parent, adult complainant, and aggressor.

The police have to make their determinations from the position of identifying and apprehending the aggressor and eventually securing a conviction. The public health viewpoint is entirely different and may be summarized best by stating that every reported victim potentially needs medical or psychiatric assistance. Thus, it would be worthwhile to study the persons reported to the police but not referred for medical examination. These persons constitute about half of the complainants and may include many needing psychiatric or medical assistance.

Most studies have shown that the more serious and physically damaging types of assaults are reported to the police (2). Although we do not know how many are not reported, we do know that in the District of Columbia enough severe cases are reported to present a significant public health problem. Judging from the Federal Bureau of Investigation's reports on forcible and attempted rapes (3), police reports, and

Table 7. Summary showing comparisons by age groups (years)

Data summarized	1-12	13-17	18-24	25 and over
Number of cases.....	106	137	92	116
Percent of total cases..	24	30	20	26
Reported assaults per 1,000 females.....	1.4	4.9	1.9	0.5
Ratio of nonwhite to white report rate...	5	20	2	3
Percent of cases with—				
Alleged vaginal penetration....	70	96	94	97
With bodily harm.....	9	21	39	43
With threatened harm.....	27	50	49	53
With enticement..	22	8	3	1
With voluntary participation...	6	17	2	0
Provoked by victim.....	6	0	0	0
Other genital contact.....	25	2	3	3
Alleged rape, with bodily harm, definite or probable.....	70	83	75	80
Alleged rape, with threats, definite or probable.....	76	70	49	46
Percent of alleged assaults by strangers.....	22	18	63	72
by strangers in victims' homes....	6	3	21	35
Percent of alleged assaults by acquaintances, friends, or relatives.....	78	82	37	28
by these in victims' homes.....	36	16	9	8

NOTE: Percentages have been rounded.

newspaper accounts, we must assume that a similar situation exists in most large cities.

Our findings show a higher rate of reported cases of nonwhite than white females, especially of children, in the lower socioeconomic class. This repeats the findings of other studies. It is probable that these groups have higher attack rates because of different familial and cultural attitudes and sex behavior patterns and more exposure because of poorer parental supervision (2a). Reporting rates may be higher because these families may be unable to cope with incidents within the family, may rely more on the police, and have less access to private and confidential medical care.

Use of prospective studies to assess total incidence of sexual assault is impracticable because of the nature and comparative rarity of the events. The most frequent retrospective studies have involved immediate and delayed reporting to the police or to other social agencies, of single or accumulated incidents, as we have done in this study. Determination of total incidence has been attempted by retrospective interviews of adults about their childhood experiences, either as to their general sexual behavior or in some instances their experiences as victims.

Kinsey's studies are typical in that they were interviews of college-level, middle and upper class females. Interviews of apprehended sexual offenders have uncovered unreported cases and offered the opportunity to correlate or compare the offenders' stories with those of the victims. All of these studies have been described by Gagnon (2).

Another approach is the retrospective interview of a representative sample of the female population. The National Opinion Research Center conducted interviews among 10,000 households to ascertain the ratio of various crimes reported and not reported to police. According to the center's study, only one in four cases of forcible rape was reported (4).

Another method which could be tried is to select a representative sample of physicians and hospitals and ask for immediate reporting of each assaulted patient seen during a certain time period, such as 1 week each month for a year. Similarly, one could select a representative sample of physicians and ask them to report on a questionnaire, without giving names, all victims seen within a recent period, such as 3 months.

In a study of venereal disease reporting, a questionnaire answered by 71 percent of the nation's private physicians showed a ratio of unreported to reported cases of primary and secondary syphilis of 9 to 1 (5). Studies such as we have suggested are necessary to determine the overall prevalence of sexual assault.

The question of increase in incidence is also unsettled. The Federal Bureau of Investigation reports a steadily rising rate for adjudicated cases of forcible and attempted rape (3). In the District of Columbia, these cases have risen

steadily since 1962, and in addition the number of complaints of sexual assaults of all types has increased in recent years and is still rising (6). Ennis states that the National Opinion Survey "originated from well known difficulties with the police statistics on crime" (7). The validity of police statistics on rape has been questioned by Falk in his comparison with homicide rates in 28 cities. The rates are not correlated, he believes, because of underreporting of rape, especially in southern cities which show the highest homicide rates (8). Kinsey, in his interviews of college-level females, found no evidence for change in total sexual behavior or sex crimes in the younger generation (9).

Regardless of these ambiguities which demand further study, it is evident that too many serious and damaging sexual assaults are occurring right now.

Summary

From September 1965 to September 1966, 448 females who allegedly were sexually assaulted were referred by the District of Columbia Police Department for medical examination. Ages of the victims ranged from 1 to 88 years, with 28 percent being children under 13, and 30 percent being adolescents from 13 to 17. Eighty-seven percent were nonwhite, but on a population basis the nonwhite to white ratio was 3 to 1.

Seventy percent of the children alleged vaginal penetration, concurrent with threats and enticement, mostly by relatives and friends, with assaults occurring most frequently in the home of the victim or aggressor. In our opinion, three-fourths of these incidents occurred as alleged; credibility decreased in older age groups.

Adolescents had the highest assault rate, with the nonwhite 20 times the white rate. Allegations were practically all of penetration, 70 percent by rape, particularly with threats and mostly by acquaintances, friends, or relatives.

Young adults, 18-24 years old, showed highest rates for white females, particularly of rape with bodily harm. Mature adults, 25 years and over, had the lowest report rate, practically all of rape, half with bodily harm, and three-fourths by strangers.

REFERENCES

- (1) Hayman, C. R., Lewis, F. R., Stewart, W. F., and Grant, M.: A public health program for sexually assaulted females. *Public Health Rep* 82: 497-504, June 1967.
- (2) Gagnon, H.: Female child victims of sex offenses. *Social Problems* 13: 176-192, fall 1965; (a) p. 191.
- (3) Federal Bureau of Investigation: Uniform crime reports for United States, 1966. U.S. Government Printing Office, Washington, D.C. 1967, p. 9.
- (4) Ennis, P. H.: Crimes, victims and the police. *In* Transaction. Washington University, St. Louis, Mo., June 1967, p. 37.
- (5) Curtis, A. C.: National survey of venereal disease treatment. *JAMA* 186: 46-49, Oct. 5, 1963.
- (6) Government of the District of Columbia: Financial and statistical report, 1966. Washington, D.C., 1967, p. 164. Multilith.
- (7) Ennis, P. H.: The measurement of crime in the United States. University of Chicago, Chicago, 1967, p. 1. Mimeographed.
- (8) Falk, G. J.: The public image of the sex offender. *Ment Hyg* 48: 612-620 (1964).
- (9) Kinsey, A. C., Pomeroy, W. B., Martin, C. E., and Gebhard, P. H.: Sexual behavior in the human female. The incidence of sex offenses. W. B. Saunders Co., Philadelphia, 1953, pp. 17-18.